## Basketball OFFICIAL TEAM ROSTER



TEAM NAME							
MANAGER'S NAME			HOME PHONE				
ADDRESS	CITY	ZIP	WORK PHONE				
EMAIL		-	CELL PHONE				

- MINIMUM OF 8 PLAYERS
- PLAYERS MAY PLAY ON ONLY ONE TEAM (Exception: Men may play on one team in A, B, C, or D and on one Men's 40+ team)

## RELEASE FROM LIABILITY AGREEMENT -- ALL PLAYERS MUST READ THE FOLLOWING AND SIGN BELOW

I hearby agree to the following:

- 1. Each team is responsible for its own insurance. The City of Eugene does not provide medical insurance coverage for participants.
- 2. I agree to abide by the rules and regulations as set forth by the City of Eugene Library, Recreation and Cultural Services Department (LRCS). The LRCS Athletics Program will have ultimate decision-making authority on any matters that might arise concerning any one of the leagues. I understand that my failure to abide by any rule and regulation can jeopardize my team's participation in this league.
- 3. In consideration for the right to participate in this activity, I agree to indemnify and hold harmless the City of Eugene and its agents for any claim for injury or damage suffered by myself or others as a result of my participation in this activity. I understand that there are inherent risks in this activity and that training and conditioning are necessary. I agree to assume those risks on behalf of myself.

I have read and understand the above agreement:

	Thave read and understand the abov	re agreement.							
1	Print Name	Signature							
	Address		City Zip						
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
2	Print Name		Signature						
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
3	Print Name		Signature						
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating		2	3	4
4	Print Name		Signature						
7	Address		City	Zip					
	Home Phone	Work Phone	Age	Height	Ability Rating		2	3	4
5	Drint Nome		1		, ,				
5	Print Name		Signature	Zip					
	Address Home Phone	Work Phone	City	Height	Ability Rating		2	3	4
_		WORK I HORE		ricigiit	Ability Rating	0 1		<u> </u>	T
6	Print Name		Signature		1.				
	Address	Ward Black	City	LL-1-L		Zip	_	_	4
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
7	Print Name		Signature						
	Address		City		1	Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
8	Print Name		Signature						
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
9	Print Name		Signature						
	Address		City		2	Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
10	Print Name		Signature						
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height		0 1	2	3	4
11	Print Name		Signature						
٠.	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating		2	3	4
10	Print Name			, 5	, , 9				
12	Address		Signature City		-	Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating		2	3	4
		WORK I HORE		ricigiit	Ability Rating	0 1			
13	Print Name		Signature		T.				
	Address	Wards Dhana	City	I I a i a la t		Zip			4
	Home Phone	Work Phone	Age	Height	Ability Rating	υ 1	2	3	4
14	Print Name		Signature		1				
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
15	Print Name		Signature						
	Address		City			Zip			
	Home Phone	Work Phone	Age	Height	Ability Rating	0 1	2	3	4
	Ability Pating: 0-baginner: 1-come of	skille: 2-avorago ekille: 2-abovo avorago	ckille: 4-highly ckilled						

Ability Rating: 0=beginner; 1=some skills; 2=average skills; 3=above average skills; 4=highly skilled

OFFICE USE ONLY									
DATE:	NUMBER:	AMOUNT PAID:	INT:						